

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>08/819567</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other <u>declaration (154)</u>		14 April 97	\$ <u>130⁰⁰</u>							
			7 TOTAL AMOUNT OF REFUND	\$ <u>130⁰⁰</u>							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">9</td> <td style="width: 20px;">7</td> <td style="width: 20px;">5</td> </tr> </table>			0	3	--	3	9	7	5
0	3	--	3	9	7	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
Filed timely											
11 REFUND REQUESTED BY: <u>[Signature]</u>											
TYPED/PRINTED NAME: <u>Charita Burt</u>			TITLE: <u>Paralegal</u>								
SIGNATURE: <u>Charita A. Burt</u>			PHONE: <u>305-3734</u>								
OFFICE: <u>POS</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: